

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>dhg</i>	67814	4/19/10
<b>O.I.P.E. CLASSIFIER</b>	<i>rg</i>		4-18-00
<b>FORMALITY REVIEW</b>		21416	6/6/10
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
1	✓
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3	= ✓
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5	=
6	=
7	✓
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10	✓
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**Best Available Copy**

If more than 150 claims or 10 actions  
staple additional sheet here